| PI |
|----|
|    |

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
|----------|--|
| District |  |
| County   |  |

| <b>DUE</b> |
|------------|
| DATES      |

|               |                                     |                   | ,               |           | -                |          |   |            |              |                                   |
|---------------|-------------------------------------|-------------------|-----------------|-----------|------------------|----------|---|------------|--------------|-----------------------------------|
| DUE<br>DATES: | rebruary 1 to County Superintendent |                   |                 |           |                  |          | Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION: |            |              |                                   |
| This clain    | n is for the                        | period beginning  | 5               |           | ,                | 20 and   | ending  |            | , 2          | 0                                 |
|               |                                     |                   | month           |           | day              |          |   | month      | day          | y                                 |
| CERTIF        | ICATIO                              | N:                |                 |           |                  |          |   |            |              |                                   |
| The infor     | mation on                           | this form is comp | lete and accura | te to the | best of my kn    | owledge. |   |            |              |                                   |
| Date          |                                     |                   | Signature, Chai | r, Board  | of Trustees      |          |   |            |              |                                   |
| County:       |                                     |                   | District:       |           |                  |          |   |            | District Lev | el:                               |
| 45 Sand       | ers                                 |                   | 0802 Plai       | ns Ele    | em               |          | Elementary  |            |              |                                   |
| Percentage    | District<br>#                       | Route<br>#        | Mi<br>Per       |           | Rate<br>Per Mile | Capacity | Inspection  |            | ays<br>rated | Bus Driver's<br>Social Security # |
| 55            | 1                                   | 1                 | 5               | 3         | 1.36             | 66       | 08/20/04  | ļ          |              |                                   |
| 55            | 1                                   | 2                 | 47              | .8        | 1.57             | 78       | 08/20/04  | ļ <u> </u> |              |                                   |
| 55            | 1                                   | 2A                | 45              | .6        | 0.95             | 48       | 08/20/04  | ļ <u> </u> |              |                                   |
| 55            | 1                                   | 3                 | 83              | .6        | 1.36             | 66       | 08/20/04  | ı          |              |                                   |
| 55            | 1                                   | 4                 | 47              | .8        | 1.57             | 72       | 08/20/04  | ı          |              |                                   |
| 55            | 1                                   | 4A                | 43              | .6        | 1.57             | 72       | 08/20/04  | ļ <u> </u> |              |                                   |

| 0 | PI |
|---|----|
|   |    |

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
|----------|--|
| District |  |
| County   |  |

| DUE   |
|-------|
| DATES |

|            |                                     |                   | ,            |                  | -                |          |   |       |                |                                   |
|------------|-------------------------------------|-------------------|--------------|------------------|------------------|----------|---|-------|----------------|-----------------------------------|
| DUE DATES: | rebruary 1 to County Superintendent |                   |              |                  |                  |          | Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION: |       |                |                                   |
| This clain | n is for the                        | period beginning  |              |                  | ,                | 20 and   | d ending  |       | ,              | 20                                |
|            |                                     |                   | mon          |                  | day              |          |   | month |                | ay                                |
| CERTIF     | ICATIO                              | N:                |              |                  |                  |          |   |       |                |                                   |
| The infor  | mation on                           | this form is comp | lete and acc | urate to the     | e best of my kn  | owledge. |   |       |                |                                   |
| Date       |                                     |                   | Signature, C | Chair, Board     | l of Trustees    |          |   |       |                |                                   |
|            |                                     |                   |              |                  |                  |          |   |       |                |                                   |
| County:    |                                     |                   | District:    |                  |                  |          |   |       | District Le    | vel:                              |
| 45 Sand    | ers                                 |                   | 0803 P       | lains H          | S                |          |   |       | High S         | chool                             |
| Percentage | District<br>#                       | Route<br>#        | I            | Miles<br>Per Day | Rate<br>Per Mile | Capacity | y Inspect   |       | Days<br>erated | Bus Driver's<br>Social Security # |
| 45         | 1                                   | 1                 |              | 53               | 1.36             | 66       | 08/20/  | /04   |                |                                   |
| 45         | 1                                   | 2                 |              | 47.8             | 1.57             | 78       | 08/20/  | /04   |                |                                   |
| 45         | 1                                   | 2A                |              | 45.6             | 0.95             | 48       | 08/20/  | /04   |                |                                   |
| 45         | 1                                   | 3                 |              | 83.6             | 1.36             | 66       | 08/20/  | /04   |                |                                   |
| 45         | 1                                   | 4                 |              | 47.8             | 1.57             | 72       | 08/20/  | /04   |                |                                   |
| 45         | 1                                   | 4A                |              | 43.6             | 1.57             | 72       | 08/20   | /04   |                |                                   |

| 0 | PI |  |
|---|----|--|
|   |    |  |

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
|----------|--|
| District |  |
| County   |  |

| DUE   |
|-------|
| DATES |

|               |  | - 11616           | ila, ivi | 1 39020-23       | 01               |           |  |                  |                                   |  |
|---------------|--|-------------------|----------|------------------|------------------|-----------|--|------------------|-----------------------------------|--|
| DUE<br>DATES: | First Semester<br>February 1 to County Superintendent<br>February 15 to State Superintendent |                   |          |                  |                  |           | Second Semester<br>May 10 to County Superintendent<br>May 24 to State Superintendent |                  |                                   |  |
| COMPL         | ETE TH   | IS CLAIM FO       | OR STA   | TE REIME         | BURSEMEN         | T FOR SCI | HOOL BUS TRAI  | NSPORTATION:     |                                   |  |
| This clair    | m is for the   | period beginning  | ,        | month            | day,             | 20 and e  | ndingm   | onth da          | 20<br>ny                          |  |
| CERTIF        | ICATIO   | N:                |          |                  |                  |           |  |                  |                                   |  |
| The infor     | mation on  | this form is comp | lete and | accurate to the  | e best of my kn  | owledge.  |  |                  |                                   |  |
| Date          |  |                   | Signatu  | re, Chair, Board | d of Trustees    |           |  |                  |                                   |  |
| County:       |  |                   | District | :                |                  |           |  | District Lev     | vel:                              |  |
| 45 Sand       | ers  |                   | 0804     | Thompso          | on Falls El      | lem       | Elementary   |                  |                                   |  |
| Percentage    | District<br>#  | Route<br>#        |          | Miles<br>Per Day | Rate<br>Per Mile | Capacity  | Inspection   | Days<br>Operated | Bus Driver's<br>Social Security # |  |
| 65            | 2  | 1-A               |          | 100              | 1.80             | 84        | 08/24/04   |                  |                                   |  |
| 65            | 2  | 1-B               |          | 100              | 1.57             | 72        | 08/24/04   |                  |                                   |  |
| 65            | 2  | 2                 |          | 56               | 1.57             | 72        | 08/24/04   |                  |                                   |  |
| 65            | 2  | 3                 |          | 77               | 1.36             | 66        | 08/24/04   |                  |                                   |  |
| 65            | 2  | 4                 |          | 86               | 1.57             | 72        | 08/24/04   |                  |                                   |  |
| 65            | 2  | 5                 |          | 84               | 1.57             | 72        | 08/24/04   |                  |                                   |  |
| 65            | 2  | 6                 |          | 92               | 1.80             | 84        | 08/24/04   |                  |                                   |  |
| 65            | 2  | 7                 |          | 59               | 1.57             | 72        | 08/24/04   |                  |                                   |  |

| PI |  |
|----|--|
|    |  |

## School District Claim for State Reimbursement for School Bus Transportation

| State    |  |
|----------|--|
| District |  |
| County   |  |

|               |               |                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . 00020 20       | <u> </u>         |              |  |                  |                                   |  |
|---------------|---------------|--------------------------|--|------------------|------------------|--------------|--|------------------|-----------------------------------|--|
| DUE<br>DATES: |               | February 1<br>February 1 | to Cou<br>5 to Sta                     | te Superint      | endent           |              | Second Semester May 10 to County Superintendent May 24 to State Superintendent |                  |                                   |  |
| COMPLI        | ETE TH        | IS CLAIM FO              | OR STA                                 | TE REIME         | BURSEMEN         | T FOR SCH    | HOOL BUS TRA   | NSPORTATION:     |                                   |  |
| This clain    | n is for the  | period beginning         | !                                      |                  | ,                | 20 and e     | nding  | <b>,</b>         | 20                                |  |
|               |               |                          | 1                                      | month            | day              |              | 1  | nonth da         | ay                                |  |
| CERTIF        | ICATIO        | N:                       |  |                  |                  |              |  |                  |                                   |  |
| The infor     | mation on     | this form is comp        | lete and                               | accurate to the  | e best of my kn  | owledge.     |  |                  |                                   |  |
| Date          |               |                          | Signatu                                | re, Chair, Board | d of Trustees    |              |  |                  |                                   |  |
| County:       |               |                          | District                               | :                |                  |              |  | District Le      | vel:                              |  |
| 45 Sand       | ers           |                          | 0805                                   | Thompso          | on Falls H       | $\mathbf{S}$ |  | High S           | chool                             |  |
| Percentage    | District<br># | Route<br>#               |  | Miles<br>Per Day | Rate<br>Per Mile | Capacity     | Inspection   | Days<br>Operated | Bus Driver's<br>Social Security # |  |
| 35            | 2             | 1-A                      |  | 100              | 1.80             | 84           | 08/24/04   |                  |                                   |  |
| 35            | 2             | 1-B                      |  | 100              | 1.57             | 72           | 08/24/04   |                  |                                   |  |
| 35            | 2             | 2                        |  | 56               | 1.57             | 72           | 08/24/04   |                  |                                   |  |
| 35            | 2             | 3                        |  | 77               | 1.36             | 66           | 08/24/04   |                  |                                   |  |
| 35            | 2             | 4                        |  | 86               | 1.57             | 72           | 08/24/04   |                  |                                   |  |
| 35            | 2             | 5                        |  | 84               | 1.57             | 72           | 08/24/04   |                  |                                   |  |
| 35            | 2             | 6                        |  | 92               | 1.80             | 84           | 08/24/04   |                  |                                   |  |
| 35            | 2             | 7                        |  | 59               | 1.57             | 72           | 08/24/04   |                  |                                   |  |

| 0 | PI |
|---|----|
|   |    |

School District Claim for State Reimbursement for School Bus Transportation

| State    |  |
|----------|--|
| District |  |
| County   |  |

|  | DUE<br>DATES: | First Semester February 1 to County Superintendent | Second Semester May 10 to County Superintenden |  |  |
|--|---------------|--|--|--|--|
|  |               |  | May 24 to State Superintendent                 |  |  |
|  | COMPLE        | TE THIS CLAIM FOR STATE REIMBURSEMENT FOR          | R SCHOOL BUS TRANSPORTATION:                   |  |  |

perintendent ATION: , 20\_ This claim is for the period beginning and ending \_, 20\_ month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Signature, Chair, Board of Trustees Date County: District: District Level: 45 Sanders 0807 Trout Creek Elem Elementary

| 10 0001    |               | 000.       |                  |                  |          |            |                  | <i>J</i>                          |
|------------|---------------|------------|------------------|------------------|----------|------------|------------------|-----------------------------------|
| Percentage | District<br># | Route<br># | Miles<br>Per Day | Rate<br>Per Mile | Capacity | Inspection | Days<br>Operated | Bus Driver's<br>Social Security # |
| 100        | 6             | 1          | 51.4             | 0.95             | 48       | 08/24/04   |                  |                                   |
| 100        | 6             | 2          | 31.6             | 1.36             | 66       | 08/24/04   |                  |                                   |
| 100        | 6             | 2A         | 603.4            | 1.36             | 66       | 08/24/04   |                  |                                   |
| 100        | 6             | 3          | 62.4             | 1.57             | 72       | 08/24/04   |                  |                                   |
| 100        | 6             | 4 Non      | 44               | 0.50             | 48       | 08/24/04   |                  |                                   |

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

| School District Claim for        |
|----------------------------------|
| State Reimbursement for          |
| <b>School Bus Transportation</b> |

| State    |  |
|----------|--|
| District |  |
| County   |  |

|  | Helena, MT 59620-2501 |  |          |                  |                  |           | School Bus Transportation  |                  |                                   |  |  |
|--|-----------------------|--|----------|------------------|------------------|-----------|--|------------------|-----------------------------------|--|--|
| DUE<br>DATES:                          |                       | First Semester February 1 to County Superintendent February 15 to State Superintendent |          |                  |                  |           | Second Semester May 10 to County Superintendent May 24 to State Superintendent |                  |                                   |  |  |
| COMPL                                  | ETE TH                | IS CLAIM FO  | OR STA   | TE REIME         | BURSEME          | NT FOR SC | HOOL BUS TRA   | NSPORTATION      | I <b>:</b>                        |  |  |
| This claim is for the period beginning |                       |  |          |                  |                  | , 20 and  | ending   |                  | , 20                              |  |  |
|  |                       |  | 1        | month            | day              |           | 1  | nonth c          | lay                               |  |  |
| CERTIF                                 | ICATIO:               | N:   |          |                  |                  |           |  |                  |                                   |  |  |
| The infor                              | mation on             | this form is comp  | lete and | accurate to the  | e best of my k   | nowledge. |  |                  |                                   |  |  |
| Date                                   |                       |  | Signatur | re, Chair, Board | d of Trustees    |           |  |                  |                                   |  |  |
|  |                       |  |          |                  |                  |           |  |                  |                                   |  |  |
| County: District:                      |                       |  |          |                  |                  |           | District L   | evel:            |                                   |  |  |
| 45 Sanders 0808 Paradis                |                       |  |          | Paradise         | Elem             |           |  | Eleme            | ntary                             |  |  |
| Percentage                             | District<br>#         | Route<br>#   |          | Miles<br>Per Day | Rate<br>Per Mile | Capacity  | Inspection   | Days<br>Operated | Bus Driver's<br>Social Security # |  |  |
| 100                                    | 8                     | 1  |          | 111.4            | 1.36             | 65        | 08/19/04   |                  |                                   |  |  |

| PI |  |
|----|--|
|    |  |

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
|----------|--|
| District |  |
| County   |  |

|  |               |                   | ,   |                   |           |              |   |                                   |
|--|---------------|-------------------|---|-------------------|-----------|--------------|---|-----------------------------------|
| DUE<br>DATES:                            |               | February 1        | First Semester<br>to County Super<br>5 to State Superin |                   |           | •            | Second Semeste<br>o County Superin<br>o State Superinte | tendent                           |
| COMPLI                                   | ETE TH        | IS CLAIM FO       | R STATE REIM  | IBURSEMEN         | T FOR SCH | IOOL BUS TRA | NSPORTATION:  | •                                 |
| This clain                               | n is for the  | period beginning  |   | <b>,</b>          | 20 and en | nding        | <b>,</b>  | 20                                |
|  |               |                   | month   | day               |           | n            | nonth da  | ay                                |
| CERTIF                                   | ICATIO        | N:                |   |                   |           |              |   |                                   |
| The infor                                | mation on     | this form is comp | lete and accurate to t                                  | the best of my kn | owledge.  |              |   |                                   |
| Date Signature, Chair, Board of Trustees |               |                   |   |                   |           |              |   |                                   |
| County:                                  |               |                   | District:   |                   |           |              | District Le   | evel:                             |
| 45 Sanders 0809 Dixon Elem               |               |                   |   |                   |           |              | Elemei  | ntary                             |
| Percentage                               | District<br># | Route<br>#        | Miles<br>Per Day  | Rate<br>Per Mile  | Capacity  | Inspection   | Days<br>Operated  | Bus Driver's<br>Social Security # |
| 100                                      | 9             | 1a                | 87.4  | 1.36              | 66        | 08/23/04     |   |                                   |
| 100                                      | 9             | 1b                | 74.2  | 1.36              | 66        | 08/23/04     |   |                                   |
| 100                                      | 9             | 1c                | 66.6  | 1.36              | 66        | 08/23/04     |   |                                   |
| 100                                      | 9             | 1d                | 41.4  | 1.36              | 66        | 08/23/04     |   |                                   |
|  |               |                   |   |                   |           |              |   |                                   |

| PI |  |
|----|--|
|    |  |

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
|----------|--|
| District |  |
| County   |  |

| DUE   |
|-------|
| DATES |

|                            |   | 11a, W1 33020-2  | JU 1  |  |  |  |  |
|----------------------------|---|--|---|--|--|--|--|
|                            | February 1  | to County Superi   |   |  |  | o County Superin   | tendent  |
| ETE TH                     | IS CLAIM FO   | R STATE REIM   | BURSEMEN  | T FOR SCH  | IOOL BUS TRA   | NSPORTATION:   |  |
| n is for the               | period beginning  |  |   | 20 and er  | nding  | ,2   | 20 .   |
|                            |   | month  | day   |  | 0  | onth da  | y  |
| ICATIO                     | N:  |  |   |  |  |  |  |
| mation on                  | this form is comp   | lete and accurate to t   | he best of my kn  | owledge.   |  |  |  |
|                            | Signature, Chair, Board of Trustees                                 |  |   |  |  |  |  |
| County: District:          |   |  |   |  |  | District Lev   | vel:   |
| 45 Sanders 0811 Noxon Elem |   |  |   |  |  | Elemen   | tary   |
| District<br>#              | Route<br>#  | Miles<br>Per Day   | Rate<br>Per Mile  | Capacity   | Inspection   | Days<br>Operated   | Bus Driver's<br>Social Security #  |
| 10                         | 2   | 84   | 1.57  | 72   | 08/23/04   |  |  |
| 10                         | 4   | 91.4   | 1.57  | 72   | 08/23/04   |  |  |
| 10                         | 5   | 77.2   | 1.15  | 54   | 08/23/04   |  |  |
| 10                         | 6   | 113  | 0.95  | 46   | 08/23/04   |  |  |
| 10                         | 7   | 93.2   | 1.57  | 72   | 08/23/04   |  |  |
|                            | ETE THO In is for the ICATIO Imation on  Ers District # 10 10 10 10 | February 1: February 1: ETE THIS CLAIM FO In is for the period beginning ICATION: mation on this form is comp  Pers District Route # 10 2 10 4 10 5 10 5 | First Semester February 1 to County Superi February 15 to State Superin  ETE THIS CLAIM FOR STATE REIM In is for the period beginning  month  ICATION:  The period beginning  month  ICATION:  District:  Pers  District:  Route #  Route #  Per Day  10  2  84  10  4  10  5  77.2  10  6  113 | February 1 to County Superintendent February 15 to State Superintendent  ETE THIS CLAIM FOR STATE REIMBURSEMEN  in is for the period beginning | First Semester   February 1 to County Superintendent   February 15 to State Superintendent   February 10 | First Semester   February 1 to County Superintendent   May 10 to February 15 to State Superintendent   May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRADE   May 24 to month   May 10 to month   May 24 to month | First Semester   Second Semester   May 10 to County Superintendent   May 10 to County Superintendent   May 24 to State Superintendent   May 10 to County S |

| PI |  |
|----|--|
|    |  |

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
|----------|--|
| District |  |
| County   |  |

| <b>DUE</b> |
|------------|
| DATES      |

|                           | — — Ticiciia, in 1 33020-2301            |                   |                |                  |                  |          |          |          |            |                                      |                                   |
|---------------------------|--|-------------------|----------------|------------------|------------------|----------|----------|----------|------------|--------------------------------------|-----------------------------------|
| DUE<br>DATES:             | rebruary 1 to County Superintendent      |                   |                |                  |                  |          |          | -        | to County  | Semester<br>Superinten<br>perintende |                                   |
| COMPLI                    | ETE TH                                   | IS CLAIM FO       | OR STATE       | REIMI            | BURSEMEN         | T FOR S  | CHOOL I  | BUS TRA  | NSPORT     | ATION:                               |                                   |
| This clain                | n is for the                             | period beginning  | g              |                  | ,                | 20 and   | d ending |          |            | , 20                                 |                                   |
|                           |  |                   | mon            | th               | day              |          |          | r        | nonth      | day                                  |                                   |
| CERTIF                    | ICATIO                                   | N:                |                |                  |                  |          |          |          |            |                                      |                                   |
| The infor                 | mation on                                | this form is comp | plete and accu | urate to th      | e best of my kno | owledge. |          |          |            |                                      |                                   |
| Date                      | Date Signature, Chair, Board of Trustees |                   |                |                  |                  |          |          |          |            |                                      |                                   |
| County:                   |  |                   | District:      |                  |                  |          |          |          |            | District Level:                      |                                   |
| 45 Sanders 0812 Noxon H S |  |                   |                |                  |                  |          |          |          | High Scho  | ool                                  |                                   |
| Percentage                | District<br>#                            | Route<br>#        |                | Miles<br>Per Day | Rate<br>Per Mile | Capacity | y Ins    | spection | Da<br>Oper | , I                                  | Bus Driver's<br>Social Security # |
| 50                        | 10                                       | 2                 |                | 84               | 1.57             | 72       | 08       | 3/23/04  |            |                                      |                                   |
| 50                        | 10                                       | 4                 |                | 91.4             | 1.57             | 72       | 08       | 3/23/04  |            |                                      | _                                 |
| 50                        | 10                                       | 5                 |                | 77.2             | 1.15             | 54       | 08       | 3/23/04  |            |                                      |                                   |
| 50                        | 10                                       | 6                 |                | 113              | 0.95             | 46       | 08       | 3/23/04  |            |                                      |                                   |
| 50                        | 10                                       | 7                 |                | 93.2             | 1.57             | 72       | 08       | 3/23/04  |            |                                      |                                   |
| •                         |  |                   | -              |                  | •                |          | -        |          |            |                                      |                                   |

| PI |
|----|
|    |

County:

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

District:

School District Claim for State Reimbursement for School Bus Transportation

District Level:

| State    |  |
|----------|--|
| District |  |
| County   |  |

| DUE<br>DATES:  | First Semester February 1 to County Superintendent February 15 to State Superintendent | Second Semester May 10 to County Superintendent May 24 to State Superintendent |  |  |  |  |
|--|--|--|--|--|--|--|
| COMPLE   | TTE THIS CLAIM FOR STATE REIMBURSEMENT FO  | R SCHOOL BUS TRANSPORTATION:   |  |  |  |  |
| This claim   | is for the period beginning  |  |  |  |  |  |
|  | month day  | month day  |  |  |  |  |
| CERTIFICATION:   |  |  |  |  |  |  |
| The information on this form is complete and accurate to the best of my knowledge. |  |  |  |  |  |  |
| Date   | Signature, Chair, Board of Trustees  |  |  |  |  |  |

45 Sanders 0813 Camas Prairie Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Inspection Operated Social Security # 1**A** 100 1157 0.95 47 08/19/04 100 47 08/19/04 1B 62.2 0.95 11

| OPI |  |
|-----|--|
| WI  |  |

| School District Claim for        |
|----------------------------------|
| State Reimbursement for          |
| <b>School Bus Transportation</b> |

| State    |  |
|----------|--|
| District |  |
| County   |  |

|  | TES:                                   | First Semester February 1 to County Superintendent February 15 to State Superintendent |                      |                 |  | Second Semester May 10 to County Superintendent May 24 to State Superintendent |             |  |
|--|--|--|----------------------|-----------------|--|--|-------------|--|
| COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCH                                |  |  |                      |                 |  | BUS TRANSPORTA   | ATION:      |  |
| Thi  | This claim is for the period beginning |  |                      |                 |  | month  | , 20<br>day |  |
| CERTIFICATION:   |  |  |                      |                 |  |  |             |  |
| The information on this form is complete and accurate to the best of my knowledge. |  |  |                      |                 |  |  |             |  |
| Date   |  |  | Signature, Chair, Bo | ard of Trustees |  |  |             |  |

County: District: District Level: 45 Sanders 0814 Hot Springs Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Percentage Per Day Per Mile Capacity Inspection Operated Social Security # 60 14-J 1-Beermtsen 94 1.57 72 08/19/0460 14-J 3-Marvel Tempero 30 0.95 35 08/19/04 60 14-J 4-Manford Tempero 95.8 0.95 47 08/19/04

| PI |
|----|
|    |

**School District Claim for State Reimbursement for School Bus Transportation** 

| State    |  |
|----------|--|
| District |  |
| County   |  |

| <b>DUE</b> |
|------------|
| DATES      |

| DUE<br>DATES:   | 1 cordary to to state supermeent   |                 |                  |                  |        | Second Semester May 10 to County Superintendent May 24 to State Superintendent |            |                  |                                   |
|---|--|-----------------|------------------|------------------|--------|--|------------|------------------|-----------------------------------|
| COMPLI  | COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:         |                 |                  |                  |        |  |            |                  |                                   |
| This claim is for the period beginning, 20 and ending, 20 |  |                 |                  |                  |        |  | 20         |                  |                                   |
|   |  |                 | month            | day              |        |  | m          | onth da          | ay                                |
| CERTIF  | ICATIO   | N:              |                  |                  |        |  |            |                  |                                   |
| The infor   | The information on this form is complete and accurate to the best of my knowledge. |                 |                  |                  |        |  |            |                  |                                   |
| Date Signature, Chair, Board of Trustees                  |  |                 |                  |                  |        |  |            |                  |                                   |
| County: District:   |  |                 |                  |                  |        |  |            | District Le      | evel:                             |
| 45 Sanders 0815 Hot Springs H S                           |  |                 |                  |                  |        |  |            | High S           | chool                             |
| Percentage  | District<br>#  | Route<br>#      | Miles<br>Per Day | Rate<br>Per Mile | Capaci | ity  | Inspection | Days<br>Operated | Bus Driver's<br>Social Security # |
| 40  | 14-J   | 1-Beermtsen     | 94               | 1.57             | 72     |  | 08/19/04   |                  |                                   |
| 40  | 14-J   | 3-Marvel Temper | o 30             | 0.95             | 35     |  | 08/19/04   |                  |                                   |
| 40  | 14-J   | 4-Manford Tempe | ero 95.8         | 0.95             | 47     |  | 08/19/04   |                  |                                   |
|   |  | •               | •                |                  |        |  |            |                  |                                   |